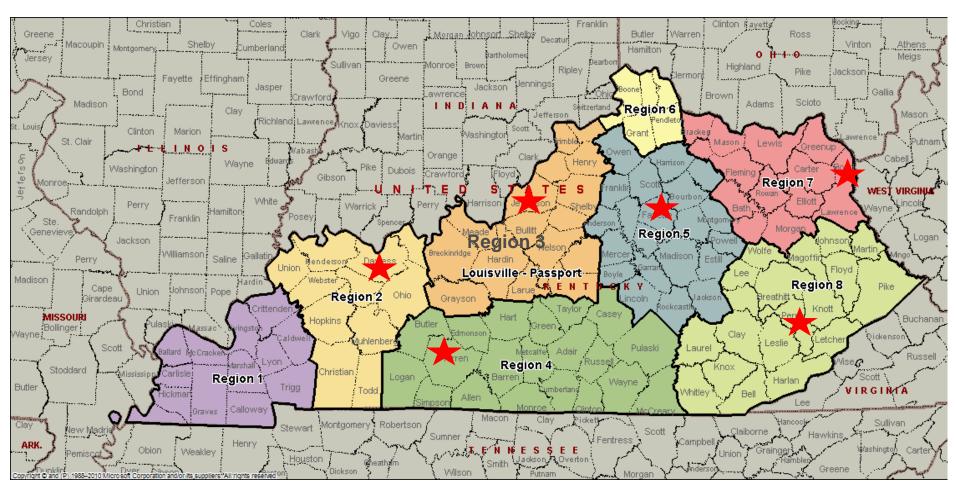
# WellCare of Kentucky, Inc. July 2013



## WellCare of Kentucky



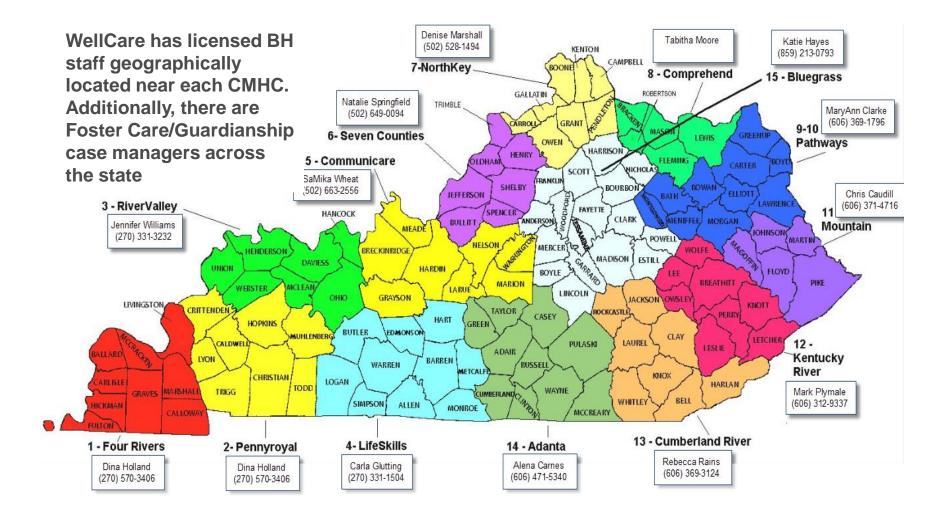


Region 1/Paducah: 7 Region 2/Owensboro: 13 Region 3/Louisville: 58 Region 4/Bowling Green: 26

Kentucky WellCare Offices
Total Kentucky Staff: 172

Region 5/Lexington: 22 Region 6/Covington: 5 Region 7/Ashland: 18 Region 8/Hazard: 23





# **Integrated Care**



SMI & Chronic Medical Conditions				
SMI/SED	5,491	100%		
SUBSTANCE ABUSE	689	12%		
AIDS	6	0%		
ASTHMA	766	14%		
CAD	412	7%		
CHF	177	3%		
COPD	932	17%		
DIABETES (TYPE 2)	590	11%		
DIABETES (TYPE 1)	200	4%		
HYPERTENSION	1,719	31%		

SMI + 1	1029
SMI + 2	764
SMI + 3	373
SMI + 4	183
SMI + 6+	76

## **Behavioral Health Integration**



<u>ig</u>

Behavioral Health Risk/Complexity

3

#### Quadrant II

- Patients with high behavioral health and low physical health needs.
- Served in CMHC and Primary care. Could be served in SMI health home model.

(Example: Patients with Bipolar and hypertension)

WellCare BH Field case management

#### Quadrant IV

- Patients with high behavioral health and High physical health needs.
- Served in primary care and CMHC/

(Example: patients with Schizophrenia and multiple chronic medical conditions). Integrated approach to care through close coordination or health home with specialty coordination

WellCare Integrated case management (PH/BH team)

#### Quadrant I

- Patients with low behavioral health and low physical needs.
- Served in primary care setting including integrated health home (FQHC, etc)

(Example: patients with stable depression and routine healthcare needs)

No Medical CM or BH CM needed.

#### Quadrant III

- Patients with low behavioral health and high physical needs.
- Served in Primary Care setting.

(Example: patients with moderate depression and uncontrolled diabetes)

Managed by Medical CM No BH CM involvement.

Low

**Physical Health Risk/Complexity** 

High



## **Integrated Case Management**













### The mission of Case Management is to:

 Coordinate timely, cost effective, integrated services for individual, physical, and behavioral health needs of members to promote positive clinical outcomes.

#### The purpose of Case Management is to:

- Decrease fragmentation of healthcare service delivery
- Facilitate appropriate utilization of available resources
- Optimize member outcomes through education, care coordination, and advocacy services for the medically compromised populations served.

## **Community Mental Health Centers**



WellCare remains committed to ongoing services within the 14 Community Mental Health Centers. We are committed to ensuring that the needs of our member population are adequately addressed. WellCare has implemented additional services within the CMHC contract structure and will continue to support efforts toward physical health integration. Services codes for substance abuse treatment are currently contracted and will be supported according to benefit design.

In addition to previously existing services, WellCare has contracted for additional services to include:

- Intensive Outpatient;
- Partial Hospitalization;
- Crisis Stabilization (Adult and Child);
- Mobile Crisis;
- Peer Support;
- Supported Employment



# Substance Use Disorders (SUD)

WellCare will continue to support efforts to provide addictions treatment in Kentucky.

- Support of comprehensive addictions treatment including a continuum of care
  - Detoxification
  - Rehabilitation & Recovery
    - Education
    - Counseling/Therapy (PHP, IOP, OP)
    - Medication Assistance
    - Peer Support

## **Medication Assisted Treatment-Suboxone**



WellCare agrees that addiction is a chronic, complex disease characterized by relapse and remission, with behavioral and biochemical and genetic components. Addiction can not be "cured" with 6 months of treatment. Suboxone is one important tool that, when used properly offers hope to addicts and their families and reduces stigmatization.

Brand name Suboxone Film is on the WellCare preferred drug list.

Prior authorization is required every 3 months with no "cap" on duration of treatment. Our prior authorization process requires:

- evidence of therapy
- clinician to regularly monitor eKasper report and urine drug screen
- requires an annual attempt to reduce dose of medication

WellCare has worked with local DEA authorities and with other MCOs in the state to reduce drug diversion. Additionally, random documentation reviews are conducted to monitor quality of care.

## **Utilization Management/Prior Authorization**



WellCare <u>does not require prior authorization</u> for routine outpatient services (individual, group, family therapy, MD services, etc) provided at the CMHC.

Prior authorization is required for psychological testing, ECT and Crisis Stabilization (>5 days), Intensive Outpatient Services, Partial Hospital Services, Inpatient Hospital Services, Residential Treatment Services,

Prior authorization is also be required for any IMPACT Plus services

Auth Type	Standard	Actual 2 <sup>nd</sup> QTR
Inpatient, ECT, Detox, Residential, Crisis Stabilization,	1 day	99.23%
PHP, Psych Testing, IOP, Impact Plus	2 days	97.83%

## **Behavioral Health Inpatient Authorizations**



Inpatient	Jan-June 2013	All Months 2012
Authorization Requested	1954	3102
Initial Review Denial	18/0.9%	63/2%
Partial Denial	248/12.7%	365/11.8%
Requested Days	11,454	21,020
Denied Days	1331 (11.6%)	3,417 (16.25%)
Appealed	155/7.9%	271/8.7%

## **Moving Forward**



WellCare is committed to the continuation of whole health integration for all Kentucky Members

- Collaboration with community partners to enhance whole health continuum of care (Health Homes and enhanced services/improved coordination within existing providers)
- Collaboration with partners to improve care and coordination for members in state's custody
- Support of initiatives to improve quality of care:
  - Trauma Informed Care
  - Suicide Care
  - Peer Support
  - Improved capacity for treatment for specialty issues (sexualized behaviors/sexual offenders; autism; substance use/co-occurring disorders

# Thank you

